

Name
in Full

Ann Elizabeth Reddick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chestertown</i> ^{Town}			<i>Kent</i> ^{County}			MARYLAND	
Date of death 190 <i>6</i>	Month <i>3</i>	Day <i>16</i>	Age <i>77</i>	Years	Months <i>6</i>	Days <i>6</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Kent Co</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Mrs K. Reddick</i>							
Father's Name <i>Joseph Ruggie</i>			Father's Birthplace <i>Kent Co Md</i>				
Mother's Maiden Name <i>Ann Bunschank</i>			Mother's Birthplace <i>Kent Co Md</i>				
Name of person giving information <i>J K Reddick</i>			How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Disease of Mitral Valve</i>	How long <i>6 or 8 years</i>
<i>Hypertension of heart - Heart failure</i>	How long <i>3 or 4 weeks</i>
Immediate	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. Frank Jones</i>
	Address <i>Chestertown Md</i>
Accident or Suicide?	

Chester Secretary
John M. Dodd
Undertaker

Name
in
Full

Reba V. Baynard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} near Mellington ^{County} KentDate of death 1906 ^{Month} Mar ^{Day} 17 ^{Age} ^{Years} ^{Months} ^{Days} 17Sex Female ^{Color or Race} Colored ^{Birthplace} Kent Co MdOccupation ^{Where Residing if not at place of death}

Married, Single or Widowed

Name of Wife or Husband

Father's Name Frank Baynard

Father's Birthplace Cecil Co

Mother's Maiden Name Mary V. Bordley

Mother's Birthplace Kent Co

Name of person giving information Frank Baynard

How related to deceased Father

CAUSES OF DEATH

Primary

Suppression of urine 12 3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

Millington

Name
in
Full

CERTIFICATE OF DEATH

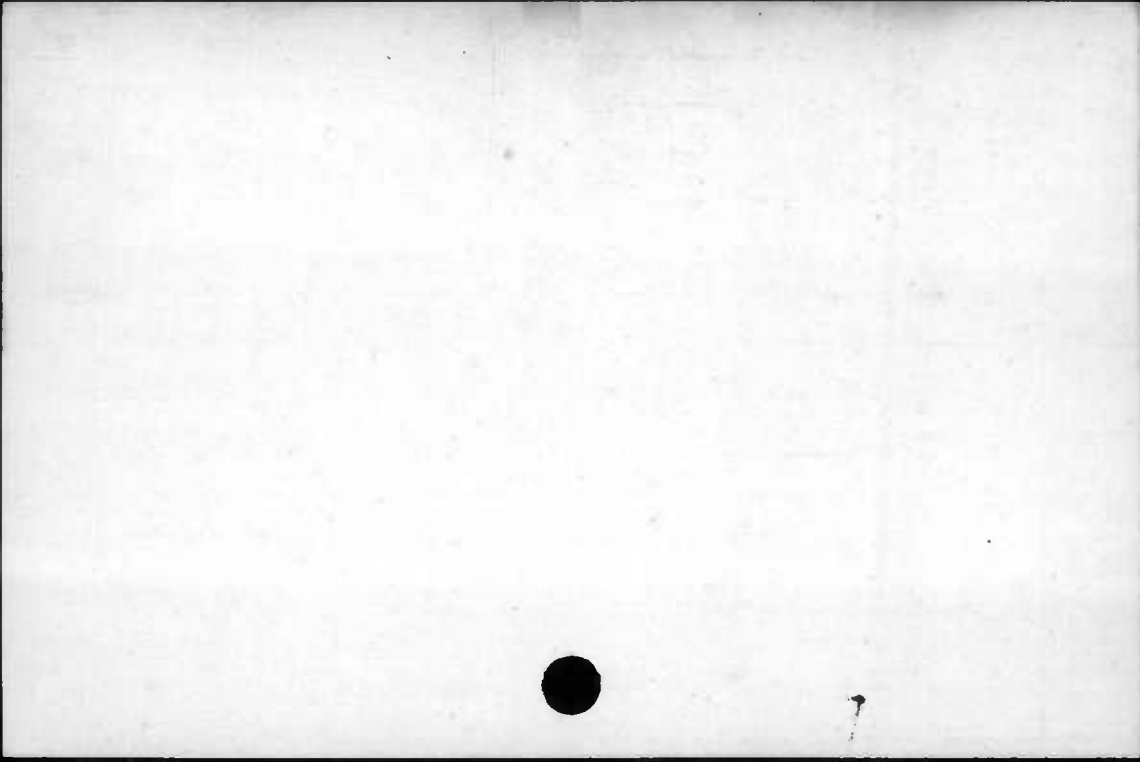
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sandy Bottom</i>		Town <i>Beachamp</i>		County <i>Kent</i>		MARYLAND	
Date of death	1906	Month	March	Day	27	Age	Years
Sex	Female		Color or Race	White		Birth-place	Sandy Bottom
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	Owen Connolly Beachamp					Father's Birthplace	Kent Co
Mother's Maiden Name	Lidia Jacobs Rollicon					Mother's Birthplace	Kent Co
Name of person giving information	Owen C. Beachamp					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born S.</i>		How long	
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	<i>E. E. Williams M.D.</i>
			Address	<i>Edenville Kent Comd.</i>
Accident or Suicide?				



Name
in
FullJettens ^{Wm} H. Berry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *New Ireland* Town*Kent* CountyDate
of death *1906*Month
*March*Day
13

Age

Years
*7*Months
*9*Days
*21*Sex
*Male*Color or
Race*Black*Birth-
place*Kent Co., Md*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Benjamin Berry*Father's
Birthplace*Queen Anne Co., Md.*Mother's
Maiden Name*Lilly Harker*Mother's
Birthplace*Kent Co., Md*Name of person giving
In formation*Benjamin Berry*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Pneumonia

How long

1 week

Immediate

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Edward A. Scott*

Address



Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Mary Black

CERTIFICATE OF DEATH

MARYLAND

Died at *Longview Sanitarium*

Town near

County *Kent.*Date of death *1906* Month *March* Day *1*Age *50* Years

Months

Days

Sex *Female*Color or
Race*African*Birth-
place*Kent Co Md*

Occupation

*Housekeeper*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Joseph H Black*Father's
Name*Richard Smellwood*Father's
Birthplace*Kent Co Md*Mother's
Maiden Name*Mary Ann Ward*Mother's
Birthplace*Kent Co Md*Name of person giving
Information*Jos. H Black*How related
to deceased*Uncle*

CAUSES OF DEATH

Primary

Left Side Paralysis

How long

(64) 2 hrs

Immediate

acute cardiac

How long

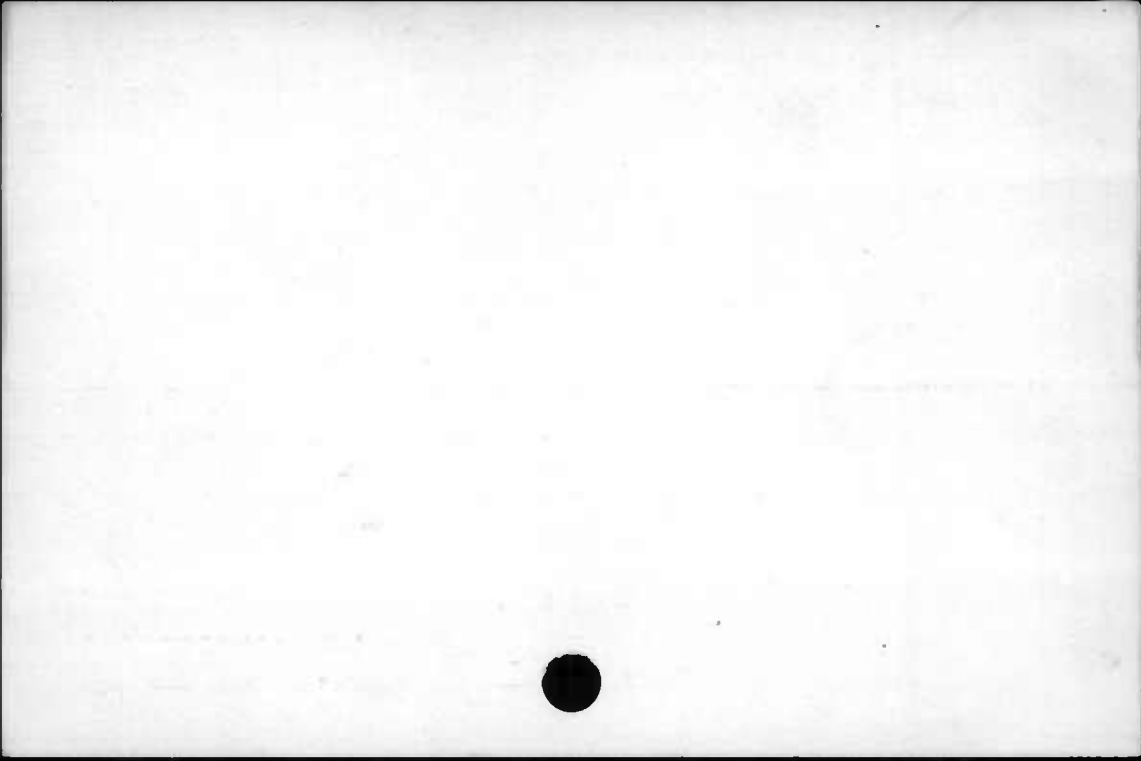
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Dr. W. L. Smith*

Address

Tricks

Accident or Suicide?

*Sudden**W*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Rebecca Bouser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Broad neck</i>		Town <i>Kent</i>		County		MARYLAND	
Date of death	1906	Month	mar	Day	2nd	Age	20
Sex	Female		Color or Race	Col		Birth-place	Ind
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Widow		Name of Wife or Husband			
Father's Name		Geo Chat		Father's Birthplace			
Mother's Maiden Name		Emaline ?		Mother's Birthplace			
Name of person giving information		Isaac Bouser		How related to deceased		Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General debility</i>	<i>154</i>	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>No Dr attending</i>	
Address		<i>H. G. Simpers Sec</i>	
		<i>Local Board of Health</i>	
Accident or Suicide?		No	

LE F
Brand N.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Aurice Jane Briscoe</i>		Town <i>Davis Hill</i>		County <i>Kent</i>		MARYLAND	
Died at <i>Davis Hill</i>		Date of death <i>1906</i>		Month <i>Mar</i>		Day <i>31</i>	
Age <i>7</i>		Years <i>7</i>		Months <i>3</i>		Days <i>9</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>Davis Hill</i>			
Occupation <i>—</i>		Where Residing If not at place of death <i>Davis Hill</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Walter Briscoe</i>		Father's Birthplace <i>Kent Co Md</i>					
Mother's Maiden Name <i>Lavenna Blake</i>		Mother's Birthplace <i>Kent Co Md</i>					
Name of person giving information <i>Walter Briscoe</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Asuchitis</i>	(92)	How long <i>6 weeks</i>
Immediate <i>Pneumonia</i>		How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. J. Barnack</i>
		Address <i>Kennedyville Md</i>
Accident or Suicide? <i>—</i>		



Name in Full *Josephine Clark.*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Still Pond</i> Town		<i>Kent</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>March</i>	Day <i>25</i>	Age <i>31</i> Years	Months <i>6</i> Days <i>—</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>J. Wm Clark.</i>				
Father's Name <i>Washington Jones</i>	Father's Birthplace <i>N. S.</i>				
Mother's Maiden Name <i>Amelia Howard</i>	Mother's Birthplace <i>N. S.</i>				
Name of person giving information <i>J. Wm Clark</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>2 years.</i>
Immediate <i>Tuberculosis</i>	How long <i>2 years.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. P. Atwell M.D.</i>
	Address <i>Still Pond md</i>
Accident or Suicide?	

Still Pond,

Name in Full		Suther Cole				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Still Pond		Hunt		MARYLAND	
	Date of death	1906	Month March	Day 8	Age 78	Months —	Days —
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Plasterer			Where Residing if not at place of death		
	Married, Single or Widowed	Widower		Name of Wife or Husband			
	Father's Name	Suther Cole				Father's Birthplace	md
	Mother's Maiden Name	Martha Lynch				Mother's Birthplace	md
Name of person giving information	Mrs Galloway				How related to deceased	Sister in law	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Paralysis.			How long		
					8 days.		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?	yes,			Signature of Physician		
					Address		
				W. S. Maxwell,			
				Still Pond, Md.			
	Accident or Suicide?						

Still Pond

Name in Full *Chas Henry Coleman*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Diad at <i>Lynch</i> ^{Town}		<i>Kent</i> ^{County}	
Date of death <i>1906</i>	Month <i>Mar</i>	Day <i>22</i>	Age <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>	Months <i>2</i> Days <i>24</i>
Occupation		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <i>Harry C Coleman</i>		Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Mattie Maddell</i>		Mother's Birthplace <i>Ind</i>	
Name of parson giving information <i>H C Coleman</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Idiopathic hydrocephalus</i>	How long <i>5 weeks</i>
Immediate <i>Convulsions</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G J Barwick</i>
	Address <i>Kennedyville</i>
Accident or Suicide? <i>No</i>	<i>Ind</i>



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at Morganville				Hent		MARYLAND			
		Date of death 1906		Month Mar		Day 21		Age —		Years —	
		Sex female		Color or Race White		Birth-place md		Months 1		Days —	
		Occupation —				Where Residing if not at place of death —					
		Married, Single or Widowed —				Name of Wife or Husband —					
		Father's Name Walter Crowding				Father's Birthplace md					
		Mother's Maiden Name Alice Raspberry				Mother's Birthplace md					
PHYSICIAN OR CORONER		Name of person giving information W. Crowding				How related to deceased Father					
		CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary Grover Cold				How long 5 days					
		Immediate Capillary Bronchitis				How long 3 days					
		Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician H. Benge Simmons					
		Address Chestertown				Address md.					
PHYSICIAN OR CORONER		Accident or Suicide? No.				Address md.					

Still Bond

Name
in
Full

Catherine Virginia - Davis.

CERTIFICATE OF DEATH

Died at <u>Betterton</u> <small>Town</small>		<u>Seent</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u> <small>Month</small>	<u>March</u> <small>Day</small>	<u>26</u> <small>Age</small>	<u>1</u> <small>Years</small>	<u>2</u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Va.</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<u>—</u>	Name of Wife or Husband	<u>—</u>		
Father's Name	<u>Wm H. Davis</u>			Father's Birthplace	<u>U. S.</u>
Mother's Maiden Name	<u>Bertha Schubert</u>			Mother's Birthplace	
Name of person giving information	<u>James G. Crew.</u>			How related to deceased	<u>Uncle</u>

CAUSES OF DEATH

Primary	<u>90</u>	How long	
Immediate	<u>Infantile Bronchitis</u>	How long	<u>over day</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. H. Thompson</u>		
	Address <u>1111 Park, Ind.</u>		
Accident or Suicide?			

Still Pond

Name
in
Full

Francis Gale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Chestertown</i>		County <i>Kent</i>		MARYLAND	
Date of death	1906	Month	Mar	Day	10	Age	Years 75
Sex	Male		Color or Race	Col		Birthplace	Va
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Widower		Name of Wife or Husband				
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	Louis Jackson					How related to deceased	
					None		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Natural causes	How long	
Immediate	Yes by attending	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. T. Simpkins, Sec.	
Address		Local Board of Health Chestertown, Md	
Accident or Suicide?		No	

438

Name
in
Full

Guttridge Grimes -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

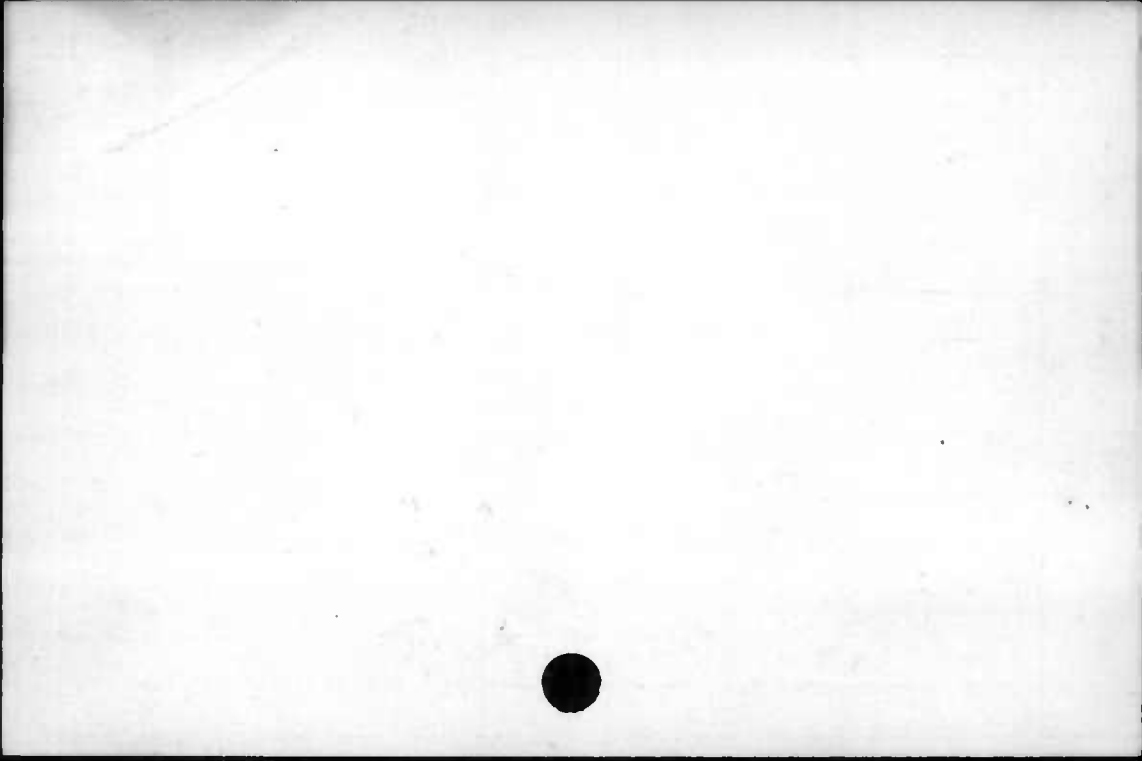
MARYLAND

Died at <i>Smithford.</i>		Town <i>Smith.</i>		County <i>Kent.</i>	
Date of death <i>1906.</i>	Month <i>March.</i>	Day <i>12.</i>	Age <i>15</i>	Months	Days
Sex <i>Female.</i>	Color or Race <i>Black.</i>		Birth-place <i>Kent Co Md</i>		
Occupation <i>House. work.</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single.</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>George. Grimes</i>			Father's Birthplace <i>Kent Co. Md</i>		
Mother's Maiden Name <i>James Washington</i>			Mother's Birthplace <i>Kent Co. Md</i>		
Name of person giving information <i>Geo. Grimes</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Double Pneumonia</i>	(93)	How long <i>7 days</i>
Immediate <i>Emphysema</i>		How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Brookland</i>	<i>Chickenside Rd</i>
	Address	
Accident or Suicide? <i>—</i>		



Name
in
Full

Cecilia Gordon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Wash. Temple - Krum* ^{County} *CD*Date of death *1906* ^{Month} *3* ^{Day} *20* ^{Years} *56* ^{Months} ^{Days} Sex *Female* Color or Race *White* Birth-place *Kent C.*Occupation *Housewife* Where Residing If not at place of death Married, Single or Widowed *Single* Name of Wife or Husband Father's Name Father's Birthplace Mother's Maiden Name Mother's Birthplace Name of person giving information How related to deceased

CAUSES OF DEATH

Primary *Paralysis* *66* How long *2 Months*Immediate *11* How long Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *R. O. McGeary*Address *7111 1/2 St. N.W.*Accident or Suicide? *No* *Found*



Name
in
Full

George Graves

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Near Chestertown*

Town

Kent

County

MARYLAND

Date
of death *1906*

Month

mch

Day

21

Age

Years

Months

Days

Sex

*Male*Color or
Race*Colored*Birth-
place*Kent Co*

Occupation

*Laborer*Where Residing if not
at place of death*Died at home of
Mrs M. Ashtkin. Kent Co*Married, Single
or Widowed*Widowed*Name of Wife or
Husband*—*Father's
Name*Informant does not know*Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
information*James A Johnson*How related
to deceased*Son in law*

CAUSES OF DEATH

Primary

Pneumonia

How long

1 week

Immediate

Pneumonia

How long

*1 week*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*H. Benge Simmons*

Address

*Chestertown
Md*

Accident or Suicide?

*No*PHYSICIAN
OR CORONER



Name in Full		Town		County		CERTIFICATE OF DEATH	
		Died at <i>Mumtota</i>		<i>Hessy</i> <i>Stev</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		3	28		52	11	20
Sex		Color or Race		Birthplace			
Male		White		Cecil Co Md			
Occupation				Where Residing if not at place of death			
<i>Physician</i>							
Married, Single or Widowed		Name of Wife					
Married		<i>Emma Nicholson</i>					
Father's Name		Father's Birthplace					
<i>John H. Hessy</i>		<i>Md. Cecil</i>					
Mother's Maiden Name		Mother's Birthplace					
<i>Laura E. Morgan</i>		<i>Cecil Co</i>					
Name of person giving information		How related to deceased					
<i>Mr. J. H. Hessy</i>		<i>W. F.</i>					
CAUSES OF DEATH							
Primary		How long					
<i>Locomotor Ataxia</i>		<i>62</i>		<i>6 or 8 years</i>			
Immediate		How long					
<i>Curious of Liver</i>		<i>1 year</i>		<i>?</i>			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
<i>Yes</i>		<i>W. H. Hessy</i>					
		Address					
		<i>Chestnut</i>		<i>Md</i>			
Accident or Suicide?							

Chester Cemetery
John N. Dodd
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Robert-Hutchinson Jr.</i>		Town <i>Golds</i>		County <i>Kent</i>		MARYLAND	
Died at <i>Golds</i>		Month <i>3</i>		Day <i>11</i>		Age <i>23</i>	
Date of death <i>1904</i>		Months <i>-</i>		Years <i>-</i>		Days <i>-</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Golds</i>			
Occupation <i>laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Robert-Hutchinson</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>-</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>Robert-Hutchinson</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Visitation of God in a natural way</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Henry Parr acting Coroner</i>	
<i>Henry Parr acting Coroner</i>		Address <i>Galena Md</i>	
Accident or Suicide?			



Name
in
Full

Emily C Lusby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chestertown</u> ^{Town}		<u>Kent</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	Month <u>Mar</u>	Day <u>12</u>	Age <u>75</u>	Months <u>0</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>MD</u>		
Occupation <u>None</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband			
Father's Name <u>Joseph Hurlton</u>		Father's Birthplace <u>MD</u>			
Mother's Maiden Name <u>Sarah Lamb</u>		Mother's Birthplace <u>MD</u>			
Name of person giving information <u>E Gertrude Lusby</u>		How related to deceased <u>Daughter</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Degeneration of cortical cells</u>	How long <u>Several years</u>
Immediate <u>Cardiac asthma, collapse</u>	How long <u>Several days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. G. Simpson</u>
	Address <u>Chestertown, MD</u>
Accident or Suicide? <u>No</u>	

Chester Cemetery
John N. Dodd
Undertaker

Name
in
Full

Wallace Miller Maslin

CERTIFICATE OF DEATH

Died at ^{Town} <i>Chestertown</i>		^{County} <i>Trent</i>		MARYLAND	
Date of death	1906	Month	Mar	Day	27
Age		61	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Md
Occupation	Waterman		Where Residing If not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Minnie Coleman		
Father's Name	John J Maslin		Father's Birthplace	Md	
Mother's Maiden Name	Mary Eades		Mother's Birthplace	Md	
Name of person giving information	Minnie Maslin		How related to deceased	Wife	

CAUSES OF DEATH

Primary	<i>Chronic nephritis</i>	How long	<i>3 yrs</i>
Immediate	<i>Cardiac failure</i>	How long	<i>Several minutes</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. G. Sumpers</i>
		Address	<i>Chestertown</i>
Accident or Suicide?	<i>No</i>		

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Chesto Cemetery
John N. Dodd
Undertaker

Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name James E. Mason		Town near Millington		County Kent	
Died at		Date of death		Age	
Month 6		Day 3		Years 6	
Sex Male		Color or Race Black		Birth-place md	
Occupation		Where Residing If not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		David Tiller		Father's Birthplace	
Mother's Maiden Name		Cecilia Mason		Mother's Birthplace	
Name of person giving information		Cecilia Mason		How related to deceased	
				Mother	

CAUSES OF DEATH

Primary	Acrophnia	How long	93
Immediate	Pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Physician or Coroner		Dr. W. H. Jacobs	
Address		Millington md	
Accident or Suicide?			



Name
in
Full

Benjamin W. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Still Pond		County Kent		MARYLAND	
Date of death	1906	Month mch	Day 22	Age 1	Years	Months 2	Days 14
Sex	male		Color or Race	colored		Birth- place	md
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Henry Miller			Father's Birthplace	
Mother's Maiden Name			Mary T Stewart			Mother's Birthplace	
Name of person giving In formation			Wm Stewart			How related to deceased	
						Uncle	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	(179)
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician
			Address
			L: P. Atwell M.D. Still Pond md.
Accident or Suicide?			

Still Road

Name in Full		Mary Miller				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Still Pond		County		Kent
	Date of death		1906	Month	March	Day	22
	Age		33		Years		
	Sex		female		Color or Race		black
	Occupation		Housewife		Where Residing if not at place of death		—
	Married, Single or Widowed		married		Name of Wife or Husband		Mary Miller
	Father's Name		Benjamin Stewart		Father's Birthplace		md
Mother's Maiden Name		Clara White		Mother's Birthplace		md	
Name of person giving information		Wm Stewart		How related to deceased		brother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Confinement		How long		(137)
	Immediate		Puerperal Septicemia		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. Norton Kelley		
			Address		Still Pond, Kent.		
Accident or Suicide?							

Still Pond

Name
in
Full

Ellen Munson

CERTIFICATE OF DEATH

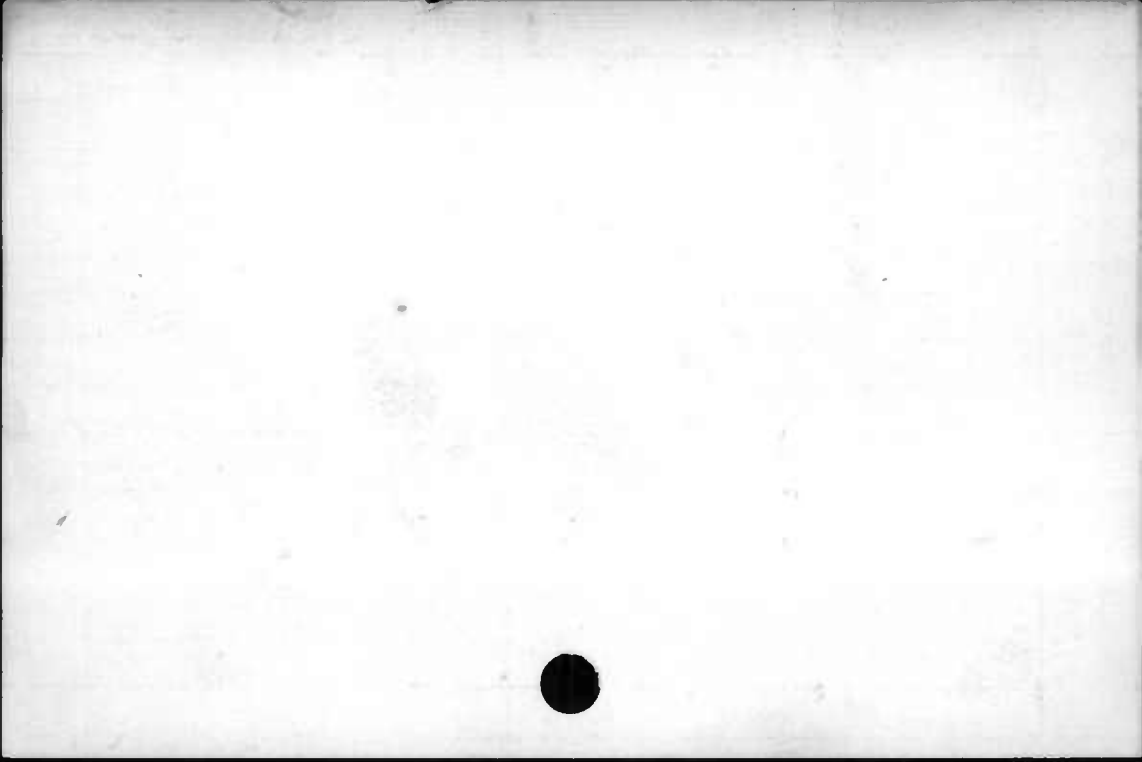
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chester</i> ^{Town}		<i>1 Cent</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>March</i> ^{Month}	<i>31</i> ^{Day}	Age <i>2</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Chester Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>George. Munson</i>			Father's Birthplace <i>Kent Co Md.</i>		
Mother's Maiden Name <i>Lizzie Rebecca Lee</i>			Mother's Birthplace <i>Kent Co Md</i>		
Name of person giving information <i>Geo. Munson</i>			How related to deceased <i>Father</i>		

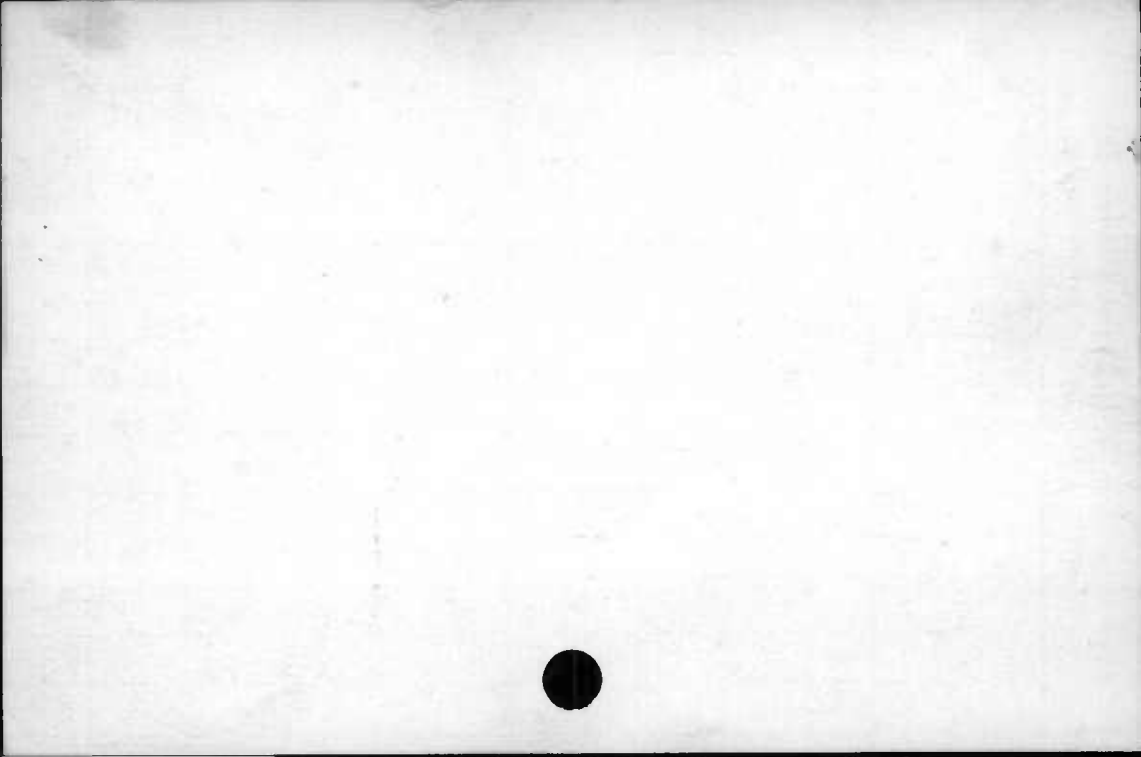
CAUSES OF DEATH

PHYSICIAN
OR CORONER

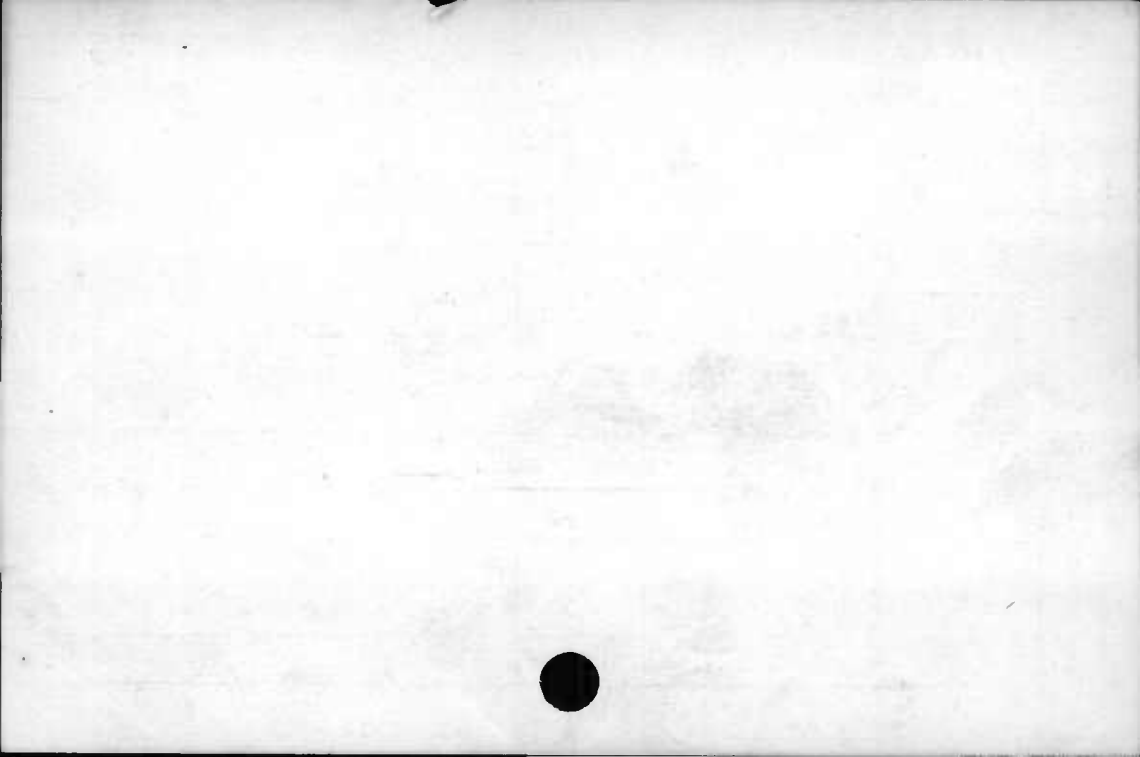
Primary <i>Pneumonia</i>	How long <i>3 days</i>
Immediate <i>Heart failure</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>O. W. Whafans</i>
	Address <i>Chester Md.</i>
Accident <i>—</i> Suicide <i>—</i>	



Name in Full		Frank Mydysnky				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Gray's Inf</i>		Town <i>Kent</i>		County <i>Kent</i>		STATE <i>MARYLAND</i>
	Date of death <i>1906</i>		Month <i>March</i>	Day <i>23</i>	Age <i>6 weeks</i>	Months	Days
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Kent Co</i>		
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband				
PHYSICIAN OR CORONER	Father's Name <i>William Mydysnky</i>		Father's Birthplace <i>Napoli</i>				
	Mother's Maiden Name <i>Francis Puskas</i>		Mother's Birthplace <i>Balto Md</i>				
	Name of person giving information <i>William Mydysnky</i>		How related to deceased <i>Father</i>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Pneumonia</i>		<i>93</i>		How long <i>4 day</i>		
	Immediate <i>Exhaustion</i>				How long		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. H. Brace</i>		Address <i>Rock Hall Md</i>		
	Accident or Suicide?						



Name in Full Infant		County Quinn		CERTIFICATE OF DEATH	
Died at near Galena		Town Galena		County Kent	
Date of death 1906		Month March	Day 6	Age Years	Months Days
Sex Male		Color or Race White		Birth-place near Galena, Ind	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name John T. Quinn		Father's Birthplace Maryland		Mother's Birthplace Maryland	
Mother's Maiden Name Frances Anastasia McLeanley		Name of person giving information Frances Anastasia McLeanley		How related to deceased Mother	
CAUSES OF DEATH					
Primary Asphyxia at birth		How long			
Immediate Asphyxia at birth		How long			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Edward A. Scott			
		Address Galena, Ind.			
Accident or Suicide?					



Name
in
Full

Still Born (Rawlough)

CERTIFICATE OF DEATH

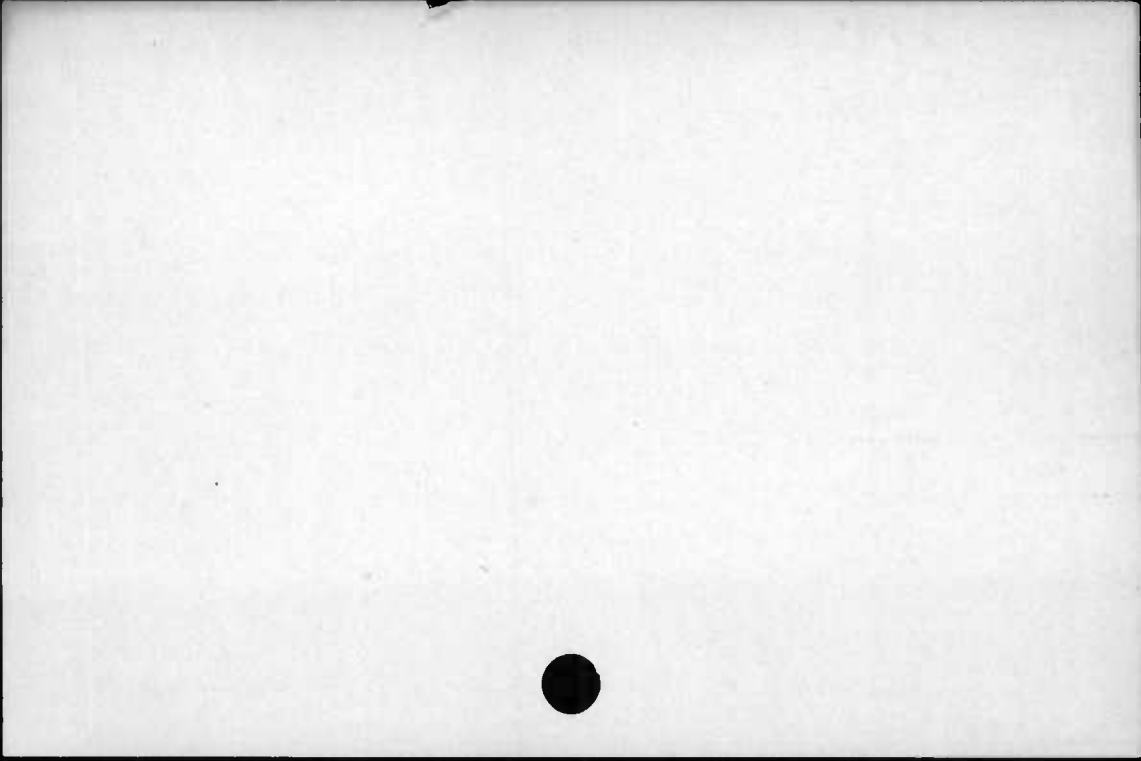
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chestertown</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>Mar</i>	Day <i>25</i>	Age	Years	Months
Sex		Color or Race <i>White</i>	Birth-place <i>Ind</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Albert Rawlough</i>		Father's Birthplace			
Mother's Maiden Name <i>Sadie E Gardner</i>		Mother's Birthplace			
Name of person giving information <i>Albert Rawlough</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Mrs Guyser Mendenhall</i>
	Address <i>Chestertown</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

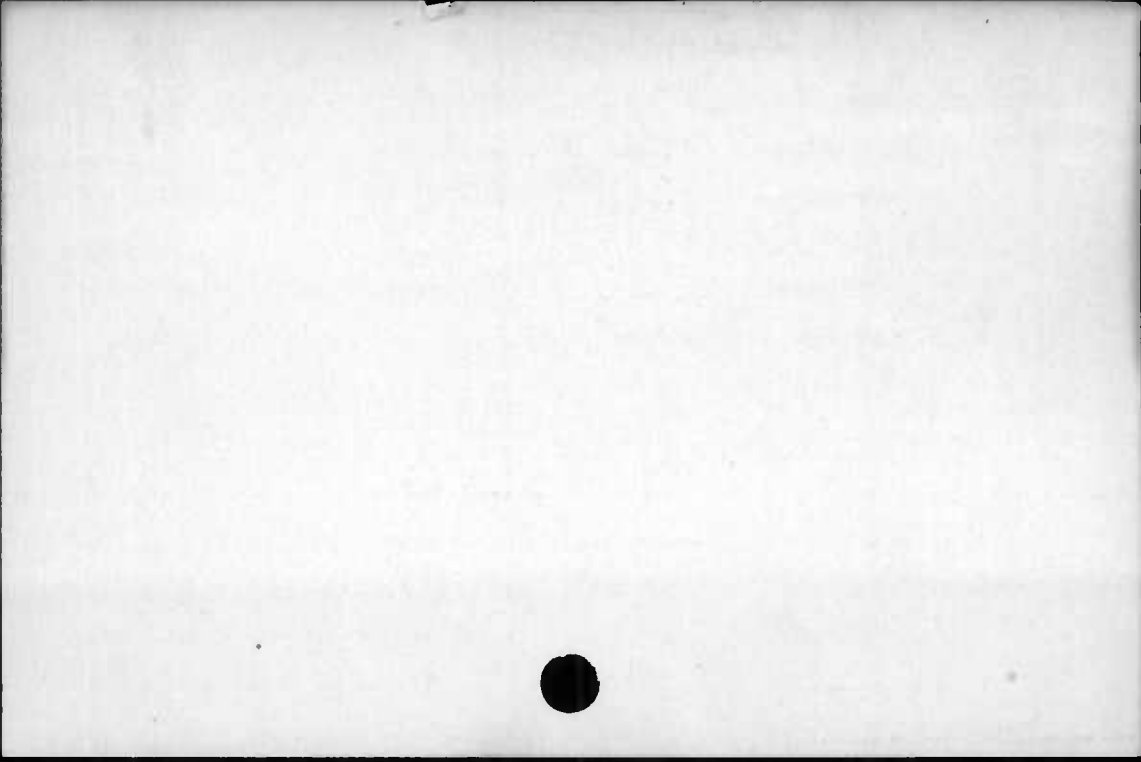
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>John P. Shelton</i> <i>Golds</i> <small>Town</small>			<i>Kent</i> <small>County</small>			MARYLAND	
Date of death	<i>1906</i>	Month <i>3</i>	Day <i>30</i>	Age <i>66</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>apoplexy</i>	<i>(64)</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Blyton M.D.</i>	
<i>S. A. Collins, Undertaker</i>	Address <i>Smymna, Del.</i>	
Accident or Suicide? <i>Kent. Co.</i>	<i>Copied from Delaware blank</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Blue Point</i> ^{Town} <i>Trust</i> ^{County}		MARYLAND	
Date of death <i>1906</i> ^{Month} <i>Mar</i> ^{Day} <i>27</i> ^{Years} <i>53</i>	Months <i>1</i>	Days <i>14</i>	
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>N.D.</i>	
Occupation <i>Housewife</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Bessamine Stewart</i>		
Father's Name <i>Perry Brown</i>	Father's Birthplace <i>N.D.</i>		
Mother's Maiden Name <i>Mary E. Conway</i>	Mother's Birthplace <i>N.D.</i>		
Name of person giving information <i>Mrs. F. Stewart</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>116</i>
Immediate	<i>Pneumonia</i>	How long	<i>2 1/2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>J. W. Mortimer</i>	
		Address <i>Blue Point</i>	
Accident or Suicide?			



Name
in
Full

Chlorid Susco

CERTIFICATE OF DEATH

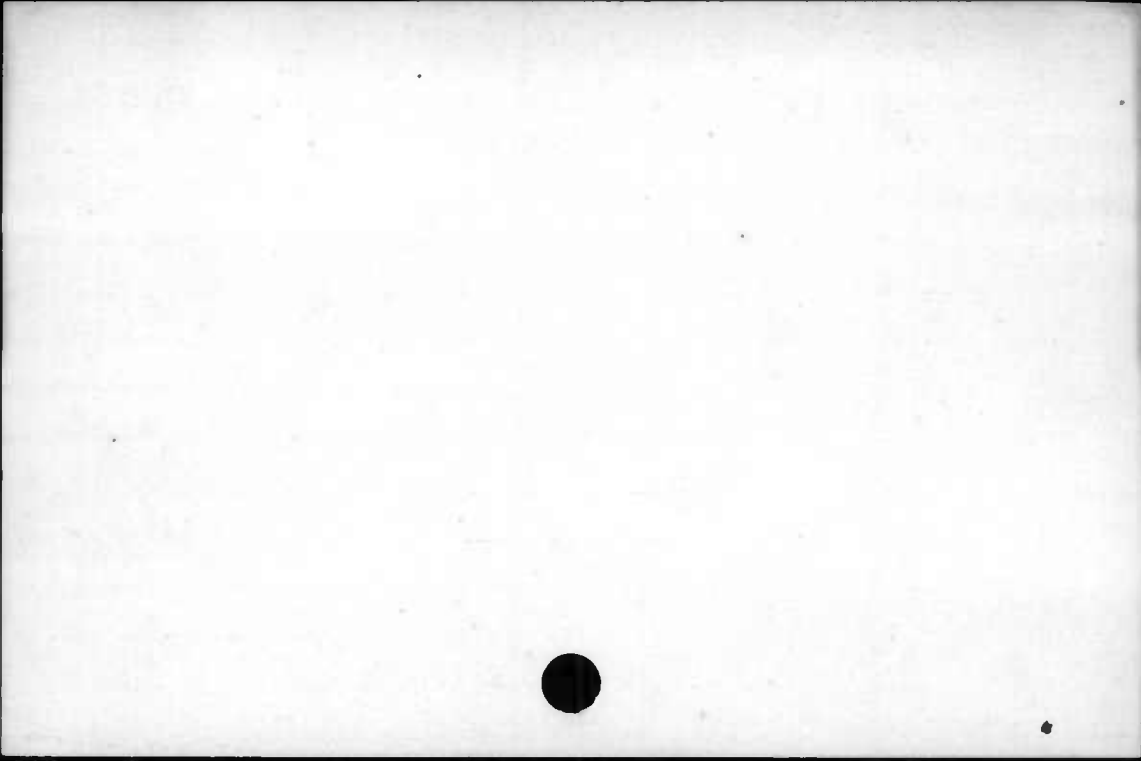
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Rock Hall</i>		^{County} <i>Kent</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>March</i>	Day <i>30</i>	Age <i>1</i>	Months <i>1</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Kent Co Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Robert Susco</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Ida Brookins</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Robert Susco</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Not Known</i>	(179)	How long
Immediate <i>No Dr Attending</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Satterfield SR</i>	Address <i>Rock Hall Md</i>
Accident or Suicide?		



Name

In
Full

CERTIFICATE OF DEATH

John. Shumus

Town

County

MARYLAND

Died at

Chestertown

Kent.

Date

Month

Day

Years

Months

Days

of death

1906

March.

9.

Age

60

Sex

Male.

Color or
Race

Black.

Birth-
place

Kent co Md

Occupation

Rand.

Where Residing if not
at place of death

—

Married, Single
or Widowed

b. denied

Name of Wife or
Husband

✓

Father's
Name

John Carson Shumas.

Father's
Birthplace

Kent co Md

Mother's
Maiden Name

Margt. Tennard

Mother's
Birthplace

Kent co Md

Name of person giving
In formation

John Carson Shumas

How related
to deceased

Son.

CAUSES OF DEATH

Primary

Softening Brain
& exhaustion

How long

3 yrs.

Immediate

How long

3 mos

Are the name, age, sex, color, date
and place correctly given above?

yes.

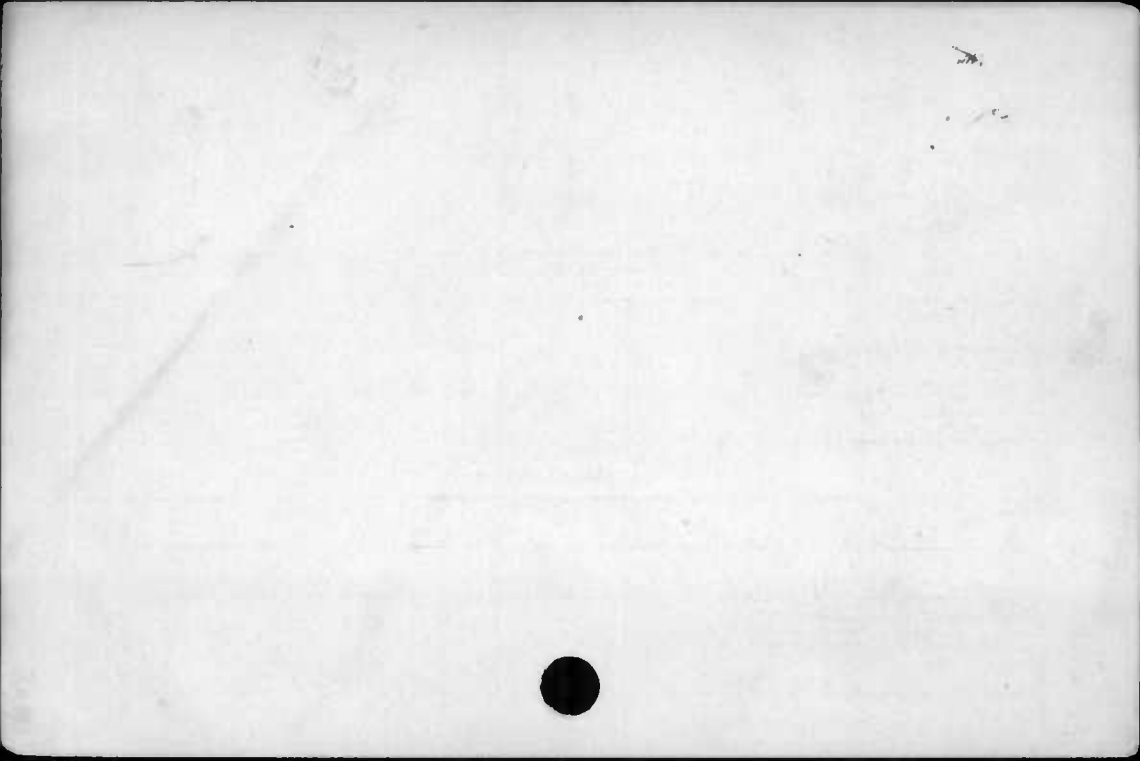
Signature of
Physician

Address

O. K. Wheland M.D.
Chelster Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Elizabeth Thompson.

CERTIFICATE OF DEATH

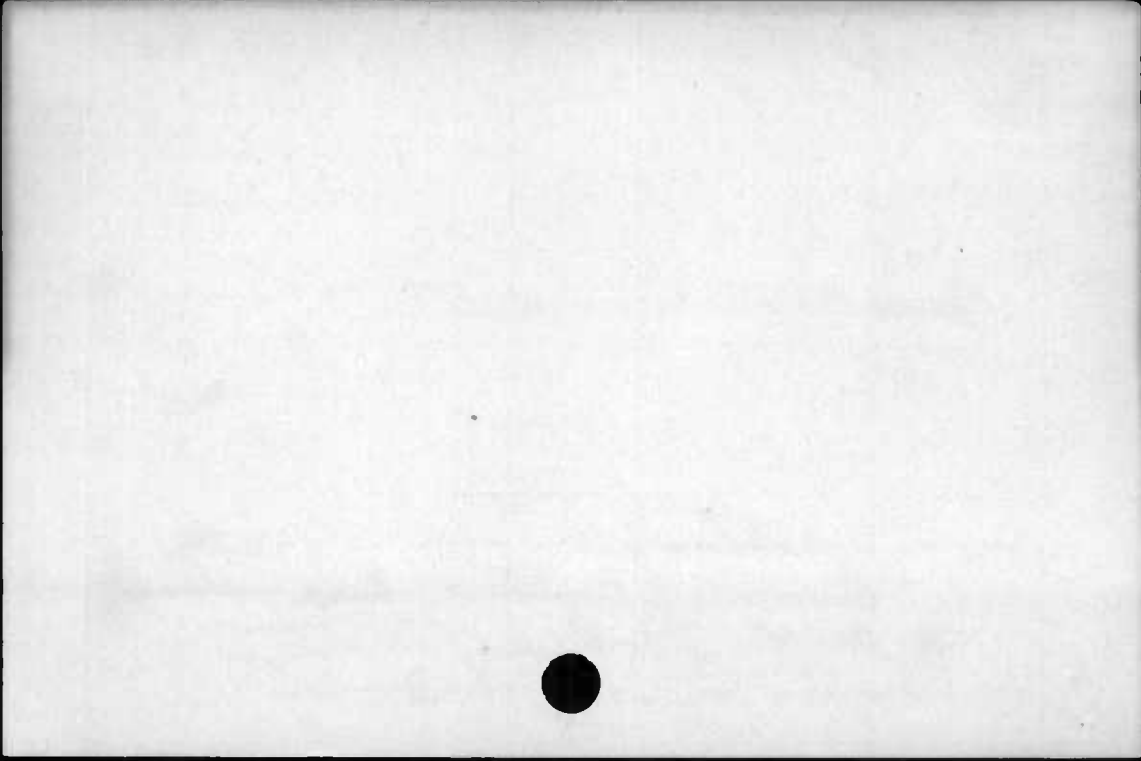
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Millington		^{County} Kent		MARYLAND	
Date of death	1906	Month	March	Day	10
Age		About 85		Years	
Sex		Female		Color or Race	Colored
Birth-place		Md		Occupation	Housewife
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information		Wm E Thompson		How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hemiplegia	How long	13 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		H M Jester M.D.	
		Address	
		Millington, Md.	
Accident or Suicide?			



Name in Full

Certificate of Death

Died *Joseph T. Trow*
 Town *near Chestertown* County *Hunt* MARYLAND
 Date *1906, Mch. 29* Month *Mar* Day *29* Y. *70* M. D. Native of Occupation *Farmer*
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living *5*

Husband
of
Wife

Father's
Name

Mother's
Name

Cause of Death { Primary *Asthma* How long sick *5 days*
 { Immediate *Pulmonary Congestion + Edema* *95*
 { *95*

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1907



Name in Full

Certificate of Death

Samuel W. Walker

Town

County

Died at

Hansville

Kent

MARYLAND

Date 1906 Month March Day 29 Age 68 Y. M. D. Native of U.S. Occupation Sexton

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband
of

Wife
Father's
Name

Mary Walker
Samuel Walker

Mother's
Name

Unknown

Cause of Death { Primary Cerebral Hemorrhage How long sick 3 hours

Immediate Complete Paralysis Accident Suicide Homicide

Reported by

H. L. Dodge, M.D.

Address

Chesterton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 6065

St James Church

Name
in
Full

CERTIFICATE OF DEATH

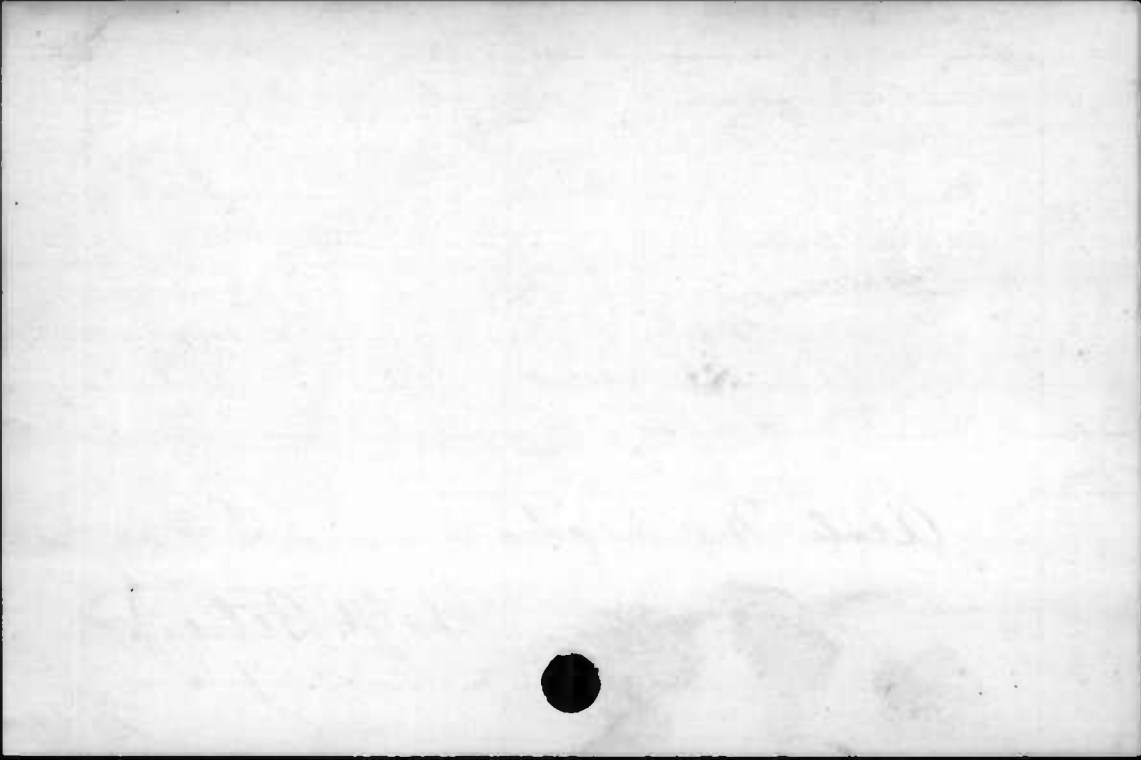
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pork Hall</i> Town		<i>Kent</i> County		MARYLAND	
Date of death	1906	Month	March	Day	9
Age		Years		Months	9
Sex	Female	Color or Race	White	Birth-place	Kent Co.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>John Mansley</i>			Father's Birthplace	<i>Kent Co.</i>
Mother's Maiden Name	<i>Mittie Coleman</i>			Mother's Birthplace	<i>Kent Co.</i>
Name of person giving information	<i>John Mansley</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>9 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>One day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Walter D. Kelly</i>
		Address	<i>Pork Hall Kent Co.</i>
Accident or Suicide?			



Name
in
Full

George Washington Walmley

CERTIFICATE OF DEATH

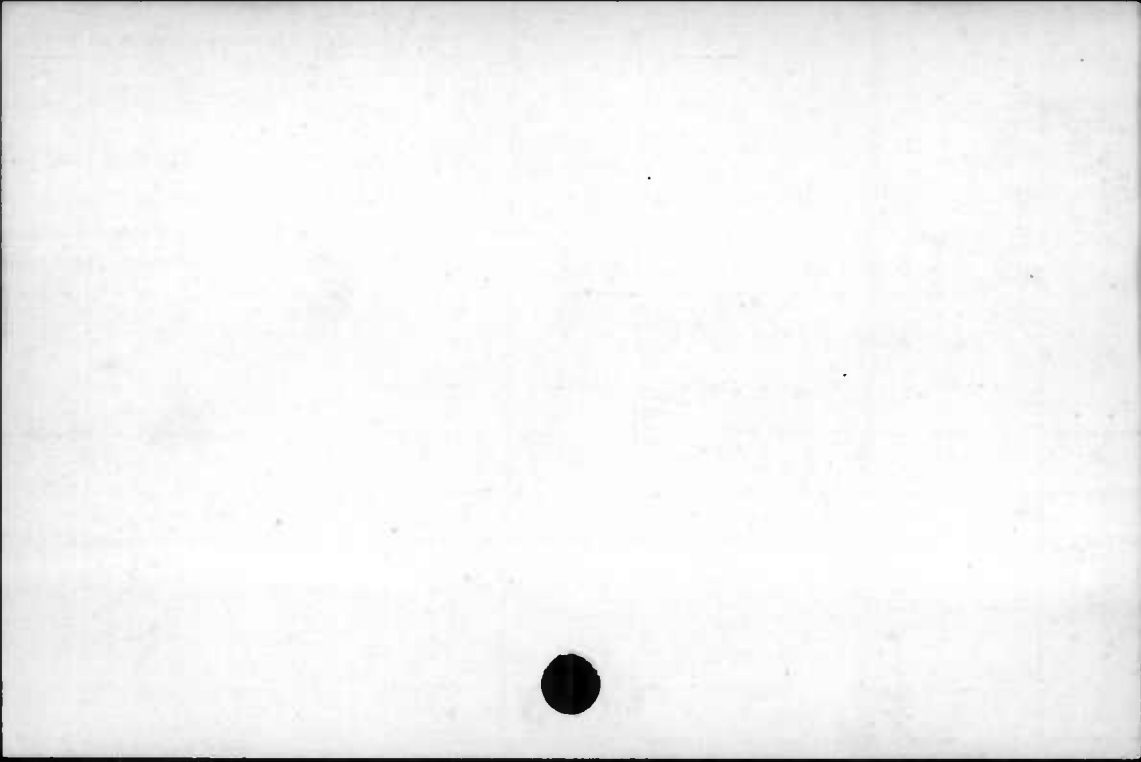
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rock Hall</i>		<i>Kent</i> County		MARYLAND	
Date of death	1906	Month	March	Day	2
Age		76		Months	2
Sex		Male		Color or Race	White
Occupation		not any		Birth-place	Cecilton Md
Where Residing if not at place of death		at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	Have not been married		
Father's Name	George Walmley			Father's Birthplace	Cecilton Md
Mother's Maiden Name	Sarah W. Hale			Mother's Birthplace	Cecilton
Name of person giving information	John Wrie			How related to deceased	not at all

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>9 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>One day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Walter D. Frey</i>
		Address	<i>Rock Hall Kent Co.</i>
Accident or Suicide?			



Name
in
Full

Harry Walter White Jr.

CERTIFICATE OF DEATH

Died at *Mullington* Town*Kent* County

MARYLAND

Date
of death *1906*Month
*3*Day
*1*Age
4

Years

Months
*5*Days
*4*Sex *Male*Color or
Race*White*Birth-
place*Kent Co Md*

Occupation

*Infant*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Harry Walter White*Father's
Birthplace*Lucan Anne Co*Mother's
Maiden Name*Eleanor Crew*Mother's
Birthplace*Kent Co*Name of person giving
Information*Father*How related
to deceased

CAUSES OF DEATH

Primary

Acute Meningitis

How long

3 wks

Immediate

*"**"*

How long

*3 weeks*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Geo St. Betson Jr., M.D.*

Address

*Crumpton**3rd*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Arthur Williams

CERTIFICATE OF DEATH

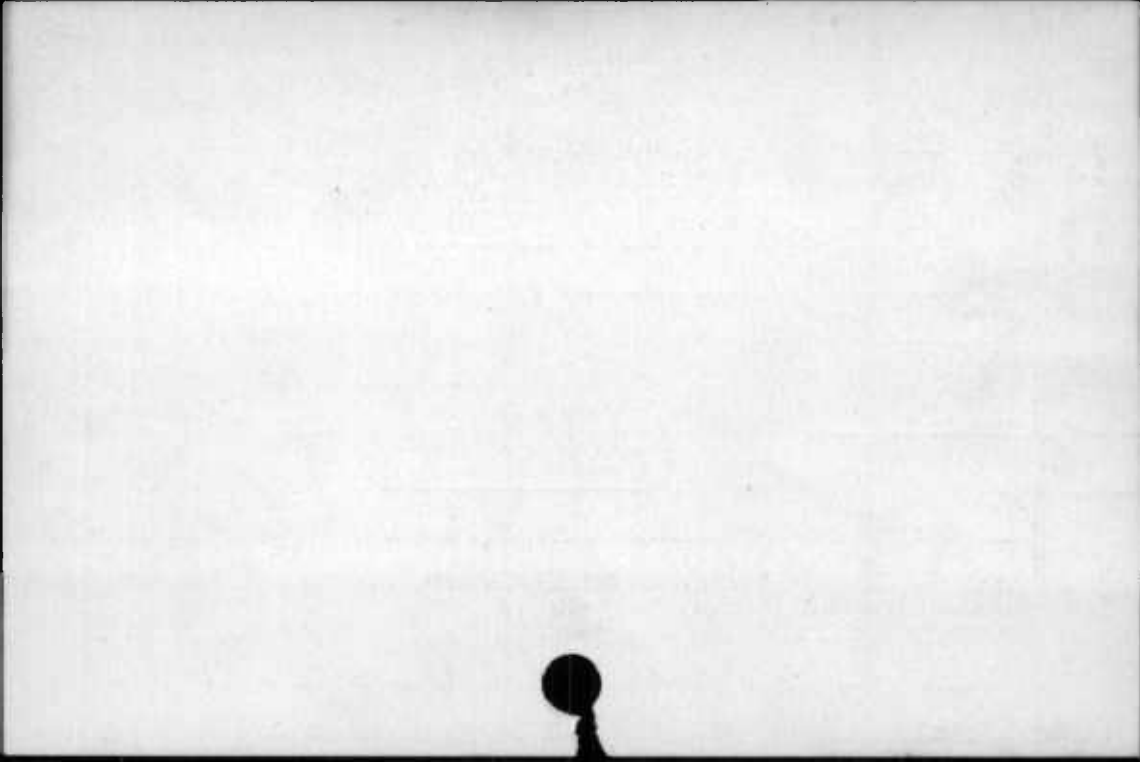
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1906	Month March	Day 31	Age Years	Months	Days	
Sex		Color or Race		Birth- place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving In formation					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Link of Tree falling on head	How long	
Immediate	Concussion of Brain	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		H. Benge Simmons	
		Address	
		Chestertown Md	
Accident or Suicide?			
No			



Name
in
Full

Rachel Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesutown</i> ^{Town}		<i>1 Cent</i> ^{County}		MARYLAND	
Date of death	<i>1906</i> ^{Month} <i>Mar</i> ^{Day} <i>16</i>	Age	<i>45</i> ^{Years}	Months	Days
Sex	<i>Female</i>	Color or Race	<i>Col</i>	Birth-place	<i>Md</i>
Occupation	<i>Lam dress</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband			
Father's Name	<i>Henry Wright</i>			Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	<i>Amin Jones</i>			How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Embrosis of liver</i>	How long	<i>112</i> <i>annual months</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>189 J. J. J. J.</i>
		Address	<i>Chesutown</i>
Accident or Suicide?	<i>No</i>		

J E F

Chick